



State of California  
Secretary of State

137

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STATEMENT OF INFORMATION  
(Limited Liability Company)

6h

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
Secretary of State  
State of California  
OCT 05 2015

1. LIMITED LIABILITY COMPANY NAME

OMNIS MINERAL TECHNOLOGIES, LLC

26/20/CC

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER  
201200410164

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)  
DELAWARE

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL OFFICE  
3757 STATE STREET SUITE 2A  
CITY: SANTA BARBARA STATE: CA ZIP CODE: 93105

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5  
CITY: STATE: ZIP CODE:

7. STREET ADDRESS OF CALIFORNIA OFFICE  
3757 STATE STREET SUITE 2A  
CITY: SANTA BARBARA STATE: CA ZIP CODE: 93105

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME ADDRESS CITY STATE ZIP CODE

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME ADDRESS CITY STATE ZIP CODE  
OMNIS GLOBAL TECHNOLOGIES, LLC 3757 STATE STREET SUITE 2A  
SANTA BARBARA CA 93105

10. NAME ADDRESS CITY STATE ZIP CODE

11. NAME ADDRESS CITY STATE ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS  
National Registered Agents, Inc.

C1941323

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE  
CA

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY  
Coal Fines Technology Company/Research & Development

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

9/25/15  
DATE

Joris C. Gamble  
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Controller  
TITLE

Joris C. Gamble  
SIGNATURE

LLC-12 (REV 01/2014)

APPROVED BY SECRETARY OF STATE